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## AUSTRALIAN SPORT ROTORCRAFT ASSOCIATION INC ABN 53 412 417 012

F009 APPLICATION FOR MEMBERSHIP OR RENEWAL OF MEMBERSHIP 2018 (APPLICATION PERIOD JULY 2017 – END OF JUNE 2018)

#### YOUR MEMBERSHIP FEE ENTITLES YOU TO RECEIVE QUARTERLY ISSUES OF GYRO NEWS

Cheque or Money Order made payable to ASRA Inc. EFT payment details BSB 032524 ACC 165988

<u>Address</u>: ASRA Registrar, PO Box 3070 Mandurah East WA 6210. <u>registrar@asra.org.au</u>

All documentation can downloaded from the ASRA Website <u>www.asra.org.au/</u>

City

City

Family

Name

State

State

#### **APPLICANT'S PARTICULARS**

A

Given

Names

Member No

(if renewing)

Postal

Address Street

Address

Occupation			Date Of Birth	/ /	
Phone	Phone	Mobile	Facsimile		
Private	Business	MODILE			
Email					
NEXT OF KIN PAR	TICULARS				
Given		Family			
Names		Name			
Address		City	State	P/Code	
Phone Private	Phone Business	Mobile	Facsimile		
obtain a Motor members before NOTE: Pilots wh	ndard for Pilots flying sol Vehicle Drivers Licence in flying as a Pilot or Stude o are unable to sign the declar	n Australia. This declara ent Pilot in an ASRA-reg ation must complete ASRA F	ation is to be comple istered Rotorcraft orm F011 Section B.	ted by <u>all</u>	
Certificat This med <u>every 2 ye</u> under cer	o intend to instruct or carry pate (both forms are available fro ical certification must be unde ears for those 40 years of age a tain circumstances "for cause"	om the Registrar or the ASRA rtaken at least every 4 years and over. Specific conditions recaminations may be require	A website) for persons under 40 ye nay require more frequ red.	ars of age, and ent certification ar	
I declare truthfully the following:	nat I am not taking Insulin for the	e control of Diabetes, and I do	not now, and have never	suffered from the	
	e Head Injury, Recurrent Fainting lition that could be considered to			sure, Previous Hear	
I further agree that, i	inton that could be considered to	be detrimental to the safe oper	ation of a Gyropiane.		
	n the event of my contracting, su nave obtained Medical Certificat	uspecting or being advised of a	ny of the above condition	s, I will cease flyin	
	n the event of my contracting, su	uspecting or being advised of a	ny of the above condition	s, I will cease flyin	
immediately until I h	n the event of my contracting, sunave obtained Medical Certificat	uspecting or being advised of a	ny of the above condition	s, I will cease flyin	

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Continue over

### **Renewing Members Only**

# All ASRA Pilot Certificate holders are required to complete this section in order to comply with CASA requirements

 $LOGGED\ HOURS\ FLOWN\ IN\ ASRA\ OPS-\frac{1ST\ JULY\ 2016\ to\ 31ST\ JUNE\ 2017\ (Whole\ hours\ only\ please)$ 

INSTRUCTORS ONLY			PILOTS / STUDENTS ONLY			
Gyroplane (G) Pilot		hrs	Gyroplane (G) Pilot		hrs	
Gyroplane Instruction		hrs	Gyroplane Student		hrs	
Gyroglider Instruction		hrs	Gyroglider Student		hrs	
Search & Rescue		hrs	Search & Rescue		hrs	
Gyroplane Lifetime Accumulated Hrs		hrs	Gyroplane Lifetime Accumulated Hrs		hrs	

Search & Rescue	hrs	Search & Rescue		hrs	
Gyroplane Lifetime Accumulated Hrs	hrs	Gyroplane Lifetime	e Accumulated	d Hrs hrs	
	CONTRACT	OF MEMBERSHIP			
WARNING: ASRA ROTORCRA	AFT FLYING IS	UNDERTAKEN EN	NTIRELY	AT YOUR OWN RISK	
I, (name)	hereby a	oply for membership or rea	newal of men	ibership of ASRA.	
<ol> <li>I acknowledge that this is a contract for services, or goods and that ASRA men</li> </ol>					
2. I acknowledge that I have read and und	•	• •		•	
it is now a <u>strict condition</u> of members					
<b>3.</b> I acknowledge that neither CASA nor A	•			•	
<ol><li>I acknowledge that because ASRA is no has of indirectly controlling airworthin</li></ol>					
5. I acknowledge that I will be flying in A	SRA registered roto	craft at entirely my own r	isk.		
6. I acknowledge that the basic ASRA ins injury to myself or damage to my gyro million, which might be regarded by m greater amount of 3rd party coverage a direct consultation with ASRA's insure significantly increased premium.	plane. I also acknown nany as being potenti and possibly coverago	ledge that the basic level of ally inadequate. I also und the for myself (personal coverable)	of 3rd party in lerstand that I er) and my gy	surance cover is capped at \$1 may be able to arrange a roplane ("hull" insurance) in	
<ol> <li>I hereby solemnly and sincerely declare action or legal proceeding commenced dependents, administrators or executor</li> </ol>	by me either during	or after the period of my r			
I declare that I fully understand thes	e 7 membership c	onditions and agree to	be bound b	y them.	
Applicant signature			Date		
Please tick the box if you <b>don't</b> want the i			mbers?		
Do you hold Civil Aviation Authorities is	sued by another Orga	anisation or Government Γ	Department?	Yes No No	
If YES, have any of these Authorities bee				Yes No	
I, the witness, watched the applicant inser	t his/her name above	, read the 7 terms, and sign	n the contract	of membership.	
Witness signature		•••••	Date		
WITNESS print name and address					
2018 Membership Fee (include		ability insurance – se ox) <u>DO NOT SEND CASH</u>	ee <u>www.asi</u>	<u>a.org.au</u> for details)	
Current members holding	Current members holding		Current members holding		
(No Passenger Endorsement)  \$\begin{align*}	(Passenger Endorsement)  \$318		Instructor rating or higher  \$538		
2017-2018 New membership	Tem	porary Membership			
(includes Student Pack)	· · · · · · · · · · · · · · · · · · ·	seas applicants only)		ife or Honorary Membership No Passenger Endorsement)	
\$408 (Membership expires 31 <sup>st</sup> Dec 2018)	(incl \$200 For 3 Mon	udes Student Pack) nths	`	(No Passenger Endorsement)  \$110	
2017-2018 Expired members (excludes Student Pack) (Without Passenger Endorse) \$312 (With Passenger Endorse) \$477	(overs	(With Passenger Endorse (No Student Pack)		ife or Honorary Membership Vith Passenger Endorsement)  \$\begin{align*} \$220 \end{align*}	
(Membership expires 31 <sup>st</sup> Dec 2018)			L	(Instructors or higher)	

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**\$440**